12. *Counter-Irritant Plaster.*—The following is the composition of an irritant plaster which we observe that Dr. Hughes very frequently makes use of in cases of chronic chest affections treated in Guy's Hospital: ℞. Emplastri picis comp. ʒiss; antim. potassio tartratis gr. x. Solve et misce, ft. emplast. Dr. Hughes states that he finds it a very efficient means of producing a mild, but not very transitory, degree of counter-irritation. The plaster is usually worn for a few days, and then cut away piecemeal as the pustules show themselves. The cases in which we have noticed it employed have been those of chronic pneumonia, either idiopathic or complicated with phthisis and severe old standing bronchitis.—*Med. Times and Gaz.* Oct. 14, 1854.

13. *New Hæmostatic.*—M. Hannon has been led by experiments on the blood of animals to believe that the following preparation is the most powerful hemostatic known, whether applied to the wound, the seat of the hemorrhage, or administered internally: ℞. Benzoic acid, 1 part; sulphate of alumine and potash, 3 parts; ergotine, 3 parts; water, 25 parts. The whole is to be boiled for thirty minutes in a porcelain capsule, constantly stirring the mass, and replacing the water evaporated. If this be then evaporated to the consistence of an extract, constantly stirring the mass to prevent the benzoic acid from separating, it presents a brown colour, and has a strong astringent taste.

It is applied externally by spreading a layer of greater or less thickness of the extract over the seat of the hemorrhage. For its internal administration, from which Hannon has derived much benefit in hæmoptisis, it is not necessary to boil the ingredients together; it is sufficient to form them into pills according to the following formula: ℞. Benzoic acid, 1 gramme; powdered alum, ergotine, of each 3 grammes. M. Make into sixteen pills, one to be taken every two hours.—*Presse Médicale Belge.*

14. *Elastic and Medicated Collodion.*—Simple collodion is apt to become too stiff, and to desquamate; hence various expedients have been resorted to in order to obviate this, and to render it pliable and elastic for medical purposes. M. Robert Latour has proposed the following formula for the manufacture of elastic collodion:—

Collodion	30 grammes;
Venice turpentine	1.5 décigrammes;
Castor-oil	5 grammes. *Misce.*

This fluid is to be applied by means of a hair-pencil, taking care to make the layer sufficiently thick to be resistant. A simpler elastic collodion, less solid than the foregoing, may be made thus:—

Collodion	40 grammes;
Castor-oil	5 do. *Misce.*

Glycerine may be substituted for castor-oil.—*Arch. Gén. de Méd.* July, 1854.

It has been proposed to combine various medicines with collodion, to render it a suitable application to various cutaneous inflammations. M. Aran has proposed mixing collodion with an equal quantity of the tincture of the perchloride of iron. Dr. Hannon, of Brussels, recommends very strongly a combination of collodion and acetate of lead, made by adding thirty grammes of collodion, drop by drop, to a warm concentrated solution of the said salt. The collodion thus formed is said to be very flexible and elastic.—*Presse Médicale,* 1850.

MEDICAL PATHOLOGY AND THERAPEUTICS, AND PRACTICAL MEDICINE.

15. *Anæmia of Infancy.*—Professor L. W. Ritter Von Mauthner, of Vienna, remarks that, for many years, the practice of venesection has been on the decline, and he quotes the words of Professor Richter, of Dresden: "Poverty of blood is, next to tuberculosis and cancer, the increasing evil of our time, which

will bring down a gradual deterioration of the race, and therefore merits our most earnest consideration." According to Valentin, most neuralgic affections are caused by anæmia; and, according to Trousseau, chlorosis now prevails in the general pathology of the female. An anæmic mother will produce anæmic children; anæmia may be congenital, or acquired from too rapid development and quick growth. It is difficult to believe in the disease as congenital, the quantity of blood in the infant's tissues being normal. Valentin has shown that the amount of blood in the newly born is proportionately greater than in later life; for a child of five to six pounds has nearly two pounds of blood; while, at the age of thirty, it barely attains one-fifth of the weight of the body. But, in infancy, as in old age, the watery constituent is more considerable than in middle life.

The cause of this so often congenital anæmia lies in the general corporeal weakness of the mother, whence also it comes that there are so many abortions and early deaths. Want of proper food during pregnancy exerts a potent influence, too commonly at work among the lower orders, oppressed with want and care; and the younger children are more subject to the disease, because the exhausted mother loses in time the power of nourishing her children by her own milk, and the father has not the means of procuring a wet-nurse. A child born of a mother who has suckled another infant during her pregnancy, generally suffers from poverty of blood. Losses of blood, or profuse mucous discharges, by injuring the mother's health, are to be regarded as prejudicial to healthy fœtal development. An aged or diseased father commonly begets an anæmic child. Congenital syphilis must also be regarded as a cause. The morbid change in the blood being unknown, we must be content with the term, "anæmia syphilitica." It is not always recognized, but is of most momentous importance as regards the rising generation. Should an infant affected with this disease be vaccinated, a peculiar glandular disease is apt to ensue from this second poisoning of the blood. The author proceeds to enumerate the symptoms of congenital syphilis. The child suffers from excoriations about the mouth and anus, etc.; from roseola, pemphigus, eczema, psoriasis, or from a peculiar tenuity, smoothness, and transparency of the epidermis. They do not possess power to resist external influences; they are long in teething; tuberculosis is apt to ensue in the course of time.

The anæmia of development comes on when growth, at any period, is very quick. Hence we have the anæmia of dentition, the anæmia of puberty, or chlorosis.

From experiments upon animals, Nasse has shown that animal diet renders the blood more coagulable than vegetable diet, and increases the number of the blood-corpusles. From sugar and starch-meal there is formed a glutinous lymph plasma, but no corpuscles. A purely vegetable diet, therefore, is not suited for infancy; the more so, from the anatomical fact, that the cæcum, that part of the intestinal canal where vegetable digestion goes on, is but imperfectly developed at that period. Anæmic children are very apt to suffer from inflammations. Nature endeavours to excite a reaction from this depressing influence; and stasis of the blood commonly ensues in organs unfitted for active circulation; but the exudations tend only yet more to impoverish the blood, and venesections materially increase the evil. One of the evils of infantile anæmia is hemorrhage from the congested and delicate vessels of the large intestine. This occurrence is frequently overlooked, or confounded with other disorders, such as convulsions. The author has verified the fact by dissection.

When the plastic power of the organism, says Canstatt, is exhausted by rapid natural and morbid evolutions, then tuberculosis suddenly forms, and the latent material begins to be deposited upon any excitement in the different viscera. Thus, it is to be feared, during the blood-impoverishment of dentition; and it attacks, especially, children subject to perspirations, and to excited pulsations of the heart.

The practitioner should never forget, in considering the diseases of childhood, that sudden attacks, even death itself, may occur just as easily in children from anæmia as from hyperæmia. Thus, cases of convulsions, and other attacks, once regarded as inflammatory, require, in the present day, more careful examination and more accurate diagnosis.—*Med. Times and Gaz.* Nov. 4. 1854, from *Journal für Kinderkrankheiten*, July and Aug. 1854.

16. *Tubercle.*—M. Mandl has published (*Archiv. Gén. de Méd.* March, April, 1854) two interesting papers on the microscopic examination of tubercle, in which he enters pretty fully into the literature of the subject. He denies altogether that tubercle presents any specific morphologic elements. He states: 1. The tuberculous substance is an amorphous matter strewed with fatty molecules; it is finely granular at first, then diffluent. It infiltrates the elements of tissues, and solidifies in the interstices. The fragments of this amorphous substance, presenting neither determinate form nor size, are analogous to those of all other amorphous exudations. There are no special tubercle-globules or corpuscles; there are no characteristic elements. 2. The tubercular substance, being an amorphous matter, cannot increase and develop. Tubercles grow only by juxtaposition; *i. e.* by fresh exudations. This is a proof the more that the progress of the disease is dependent on an incessantly active cause, which cause must be got rid of, if we would root out the tuberculization. 3. Softening of tubercle is due to a fatty degeneration, which can declare itself before products of inflammation, such as pus and "inflammatory globules," show themthemselves. 4. This degeneration is a certain proof that tubercle cannot organize itself, as fatty degeneration occurs only in tissues, the nutrition of which is suspended. 5. By means of the fatty degeneration and the products of inflammation, which are joined to it at a later period, tubercle is completely eliminated. 6. If one is permitted to draw a therapeutical inference from these facts, it is that attention should be directed, first, to the cause, and secondly to the modifications which the tubercle undergoes; *i. e.* the natural course of the disease.—*Brit. and For. Med.-Chirurg. Rev.* Oct. 1854.

17. *Occurrence of Pigment in the Blood.*—The occurrence of a large amount of pigment granules in the blood has been long known. Meckel, Virchow, and Heschl have described it as frequently happening after intermittent fevers. In many of these cases the pigment appears to cause no injury to the system; but in other instances, and Dr. J. Planer describes many of these, very sudden death ensued, with symptoms that led to the diagnosis of a disease of the brain or of typhus. In other cases, again, the collection of pigment was associated with dropsy and albuminuria, but whether it had any intimate connection with these symptoms was doubtful.

Dr. Planer relates all the cases of pigment in the blood which have been discovered in the dead-house at Vienna during the last two years. He refers first to the—

(1.) *Cases in which there were Cerebral Symptoms.*—The pigment in the blood was found in the state of black, or more uncommonly of brown-yellow, brown, or (very rarely) red granules, many of which were united together by a clear hyaline substance, which was soluble in acids and alkalies. Meckel observed pigment-cells very rarely; Virchow more frequently; Planer never. Planer also never saw in the pigment masses anything like a nucleus. Besides these masses, the aggregation of the pigment grains sometimes forms black or brown flakes of the most variable form; these flakes are sometimes evidently constituted by a hyaline substance, in which black pigment is embedded, and, in two cases, in the blood from the right ventricle. Planer found two hæmatoidin crystals adhering to this clear substance.

The relative number of the pigment masses, as compared to the blood globules, was not determined. In some cases the capillaries seemed almost choked up with them. Planer did not find that the colourless corpuscles of the blood were more numerous. The pigment was always found in the blood of the heart; it was not more common in the blood of the portal or splenic vein than elsewhere. The pigment masses were little affected by reagents. Meckel found them decolorized by chlorine; but Planer does not confirm this.

In addition to being in the blood, pigment was found, in these cases, in the organs, especially in the spleen, and it was found in this organ even in cases in which other organs and the blood contained very little of it. The special seat of the pigment in the spleen was not determined: its form and general characters were exactly the same as in the blood. Virchow and Meckel have found the pigment in cells in the spleen; but Planer found only the agglomeration of the pigment granules by the hyaline substance.

In the liver, the pigment granules were often very numerous. They were found to be sometimes in the vessels; but it could not be determined whether they were wholly thus placed, or whether some part of them lay outside the vessels between the cells. The livers thus affected were of normal size; the cells were normal, or contained more fat than usual, and also brown granules of bile-pigment, which was, however, easily distinguished by its appearance, as well as by its chemical reactions, from the pigment in the blood.

The cerebral substance was often affected with this pigment change, and in this case it was certain that the pigment was in the vessels; in some cases the flakes, already referred to as seen in the blood in the heart and large vessels, were in the cerebral capillaries of such size that it seemed impossible they could pass. In fact, Planer conjectures that the extreme abundance of pigment granules in the cerebral vessels must have been caused by the fact that they could not pass through the cerebral capillaries, which (especially in the gray substance) are the finest in the body (Kölliker).

Meckel describes a case which occurred in Vienna, in which there were in the gray substance numerous punctiform hemorrhages produced by blocking of vessels through pigment; and since this time, several cases of the same kind have been seen by Planer.

Besides the spleen, liver, and brain, the kidneys were found to contain pigment, both in the vessels of the cortical substance and of the Malpighian capsules. Some pigment was also found external to the vessels, and perhaps was the residuum of punctiform hemorrhages, but no fresh punctiform hemorrhages, such as occurred in the brain, were ever seen in the kidneys.

The pigment was found, in the pulmonary vessels, in very variable quantity. In the vessels of the other organs of the body its quantity was unimportant, except in the lymphatic glands, where it was sometimes abundant.

After making these general remarks, Dr. Planer relates 19 cases on which they are based, and refers also to 10 other cases, whose histories he does not give. The cases are too shortly reported; but it is evident that they belong to a class not seen, or but very rarely seen, in this country. In 12 of the 19 cases, the patients were comatose when brought to the hospital, and in most of them the coma had set in suddenly sometimes with, and sometimes without, previous symptoms of malaise or fever. In the 7 other cases there were symptoms of intermittent fever, and then gradual fatal stupor came on. In several other cases there was paralysis as well as coma.

In the whole 29 cases referred to in this series, there were 14 in which the pigment was in such quantity in the cerebral vessels as to give the gray substance a remarkably dark slate-gray aspect; in 8 of these cases there were numerous little hemorrhages. In the other cases the pigment was in less quantity in the cerebral vessels, but still was always found there.

(2.) *Cases of Albuminuria and Dropsy with Pigment in the Blood.*—Nineteen such cases were discovered in the dead-house; in 12 there had been previous intermittent fever, or this existed at the time; in the others, it could not be learned whether there had been previous ague.

The appearances of the pigment in the blood and organs were the same as in the former series, except that the cerebral vessels contained little of it, and the kidneys a great deal. In spite of the albuminuria and dropsy, the kidneys were normal, except as far as the pigment was concerned, and in no case could it be safely said that there was Bright's disease.

(3.) *Cases in which there was Pigment in the Blood and Organs without appearance of injury to the health.*—26 cases are related in which death occurred from the following causes: Phthisis, 4; typhus, 2; pneumonia, 6; arthritis and pericarditis, 1; peritonitis, 1; pyæmia after operation, 1; puerperal affections, 3; gangrene of the leg, 2; granular liver, 1; marasmus senilis, 4; calculous nephritis, 1. In all these cases the liver and spleen were as pigmentary as in the other series of cases; in the blood the pigment was in less amount, and it was scarcely found in other organs; in only 1 of these 26 cases was the gray substance of the brain darkly coloured through it.

(4.) *Origin of this Disease.*—Dr. Planer believes that the development of the pigment is closely connected with the occurrence of intermittent fever, although he admits that in several of the cases there was no authentic evidence of previous ague. He observes that he has in many cases of ague-cachexia got a little blood during life by pricking the finger, and has been astonished at the number of pigment granules and flakes exactly resembling those found in the dead bodies already referred to.

Planer remarks, finally, that, in spite of the number of cases he has seen, this pathological condition is very little understood, because observations on living subjects are yet wanting. It is certain, however, that he has opened up a new and most important inquiry, which promises to give us some new insight into malarious diseases.—*Brit. and For. Med.-Chirurg. Rev.* Oct. 1854, from *Wien Zeitschrift*, Feb. 1854.

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18. *Weight and Specific Gravity of the Brain in the Insane.*—Dr. David Skae has published a very interesting paper on this subject in the *Monthly Journ. Med. Sci.* for Oct. 1854.

Although numerous and extensive investigations have been instituted for the purpose of discovering the pathological conditions by which the symptoms of mental derangement are produced, we are still in ignorance of the pathology of the disease.

Dr. Skae commenced, some years ago, a series of experiments by collecting the weights of the brain, cerebrum, and cerebellum, by measuring the gray matter, by endeavouring to determine the degree of hardness or softness of the cerebral substance, by ascertaining by what length of a column of water it could be broken up, and more lately by taking the specific gravity of the gray and white substance of different parts of the brain.

In the present paper Dr. S. confines himself to the weight and specific gravity of the brain, and to such general deductions from these observations as the number of facts seem to warrant. He has compared his observations on the weights of the brain with those collected in the Royal Infirmary of Edinburgh, by the late Dr. John Reid and Dr. Peacock, and the experiments on its specific gravity, with those published by Dr. Sankey in the *British and Foreign Medico-Chirurgical Review* for January 1853 (vol. xi. p. 240), and made in the Royal London Fever Hospital. The weights used were avoirdupois.

The observations of the weights of the brain comprise 172 cases, of which 83 were males, and 89 females. The results, with those obtained by Drs. Reid and Peacock, are given in tabular form. We have not space for the tables, and must content ourselves with giving the results.

A comparison of the columns showing the heaviest brains in the sane and insane, shows that in only one instance did the encephalon exceed 60 ounces in the insane, while in several of the sane it amounted to 62 ounces and upwards, the heaviest brain in the one series being 60 oz. 8 dr., and the heaviest in the other being 62 oz. 12 dr. It will also be seen that, with two exceptions, the superiority in weight was among the brains of the *sane in each* of the quinquennial or decennial periods into which they are classified. "Whether," says Dr. S., "this justifies the inference that persons having large brains are less frequently the subject of mental derangement than others, I shall not venture to say; but the fact is a striking one when contrasted with the results derived from a comparison of the average weight of the entire number of cases, where it appears that the average weight is *increased* in persons dying insane. The average weight in the insane from 15 to 90 years of age being 30 oz. 4 dr., and in the sane 49 oz. 14 dr.

"The same results are derived from a comparison of the weights of the brains of the females; here, in one exceptional case, the brain weighed 61½ ounces in a female who died insane, but in a majority of cases the greatest weight was on the side of the sane. On taking the average of all the cases, the weight of the brain in the insane was 44 oz. 7 dr., and in the sane 44 oz. 5 dr.

"This comparison establishes, I think, a strong presumption that the absolute weight of the brain is increased in the insane, a presumption which is greatly strengthened by the reflection, that in many cases of insanity the absolute *size* of the brain must be materially diminished by the large quantity of serous effusion found in the ventricles, arachnoid sac, and sub-arachnoid tissue.

"This increase in weight, however, appears to depend chiefly upon an increase in the weight of the *cerebellum*, for, on comparing the weights of the cerebra in the two series of cases, it will be found that the difference is inconsiderable, and indeed in the case of the females that it is in favour of the sane. On comparing, however, the columns showing the weight of the cerebellum with the pons and medulla in the two classes, it will be found that there is almost a uniform preponderance in the weights of those of the insane. The average weight in all the cases of the insane males exceeds that of the sane by 4 drachms, and in the females by 3 drachms.

"In the two last columns of these tables the ratio between the cerebellum (with the pons and medulla) and the cerebrum is given at the different ages distinguished. Here the same fact is very clearly brought out; in almost every instance the cerebellum in the insane being heavier in relation to the cerebrum than it is in the sane. From the average of the entire number, the cerebellum was found in the males to be as 1 to 6.8 in the insane, and as 1 to 7.06 in the sane; and in the females as 1 to 6.68 in the insane, and only 1 to 7 in the sane. The cerebellum therefore is considerably heavier in relation to the cerebrum in the insane.

"This mode of estimating the results appears to me to be free from the source of fallacy arising from the small number of cases compared, when we compare the absolute weights together, as here, on examining all the cases separately we find, in almost every instance, the cerebellum of each brain heavier in relation to its own cerebrum in the insane than in the sane."

On arranging the weights of the brain according to the form of disease under which the patients laboured, and taking the average, the following results are obtained:—

"In mania, the average weight of the encephalon in males was 54 oz. $11\frac{1}{3}$ dr.; in monomania, 51 oz. $11\frac{3}{7}$ dr.; in dementia, 50 oz. $5\frac{4}{10}$ dr.; and in general paralysis, 49 oz. $12\frac{8}{21}$ dr.; the weight being greatest in mania, and least in general paralysis. In comparing the average weights of the cerebella, &c. however, in the same series, while they are found to follow the same decrease from mania, the highest, through monomania to dementia, the weights being respectively 6 oz. $11\frac{1}{3}$ dr., 6 oz. $10\frac{4}{7}$ dr., and 6 oz. $9\frac{7}{10}$ dr.; the cases of general paralysis present the highest average, the average weight being 6 oz. $12\frac{16}{21}$ dr. From the fact that in general paralysis the morbid appearances are most constant and most distinctly marked, this result might, perhaps, be anticipated, if we assume what I have endeavoured to show, that the relative weight of the cerebellum to the cerebrum is increased by insanity, and that the cerebellum is the organ principally affected. This increase, too, would appear from a review of the history of the cases to bear a constant relation to the form of the disease, and to be greatest in the more protracted and gravest cases. On comparing the average weight of the cerebrum to that of the cerebellum in the cases classified as above, it was found in males to be as 1 to .1396—.1478—.1511 and .1582, in mania, monomania, dementia, and general paralysis respectively. The same gradual increase in the relative weight of the cerebellum was found to obtain in the females, the cerebrum being to the cerebellum in them as 1 to .1526—.1552—.1541, and .1601, in the same class of cases respectively.

"It appears, therefore, that in cases of acute mania, a disease of comparatively short duration, there is the smallest amount of increase in the relative weight of the cerebellum, and that in general paralysis the greatest increase takes place.

"In reflecting upon these results, the impaired control over the voluntary movements, which forms so marked a feature of general paralysis, and the very constant increase of the relative weight of the cerebellum in this disease, must at once be viewed as very interesting and important facts in connection with the functions ascribed to the cerebellum by Flourens, and other physiologists.

"May it not be asked—supposing it to be established by an extended series of observations, that there is uniformly an increase in the relative weight (and specific gravity, as we shall presently see) of the cerebellum as compared with the cerebrum in all forms of insanity—whether it may not be inferred that the cerebellum is the organ through which we exercise self-control—control over the volitions, and successions of our thoughts, as well as over the voluntary muscular movements; a perturbed volition, or a loss of self-control, being, of all other symptoms, the most essential characteristic and pathognomonic feature of insanity?"

The *specific gravity* of the gray and white substance of the brain was taken in 62 cases, of which 29 were males, and 33 females, and the results, with those of Dr. Sankey, are arranged in tables. These tables show that the specific gravity, both of the gray and white matter, in the cases of insanity was almost uniformly higher.

"In Dr. Sankey's cases, the lowest specific gravity of the gray matter was 1028; in the asylum ones the lowest was 1030; the highest in Dr. Sankey's cases was 1046, in mine 1049; while the average specific gravity in all the cases of both sexes was, in the former, 1034, and in the latter, 1039, showing an increase in the specific gravity in the cases of insanity.

"The lowest specific gravity of the medullary substance in the healthy brains was 1032, in the diseased 1034; the highest in the healthy was 1048, in the diseased 1053; the mean of all the cases was 10,411 in the sane, and 10,424 in the insane, showing an increase in the specific gravity of the white matter of the brain in cases of insanity.

"These results are corroborative of those obtained by Dr. Sankey, in his observations at the London Fever Hospital, where, in all the cases complicated with cerebral symptoms of a grave character preceding death, such as convulsions, strabismus, paralysis, and utter unconsciousness, the specific gravity was high, averaging both in the gray and white matter 1041. He makes two exceptions in regard to the white matter, in both of which the specific gravity was below the mean—these were both cases of children of eight and ten years of age, and both of tuberculous meningitis. Deducting these cases, the average specific gravity of the white matter in his series of cases complicated with cerebral symptoms was 1043."

Dr. Skae, on examining his cases in detail, found that most of those cases where the specific gravity of the gray matter was considerably below the mean, the patients had died of phthisis, and in other instances of exhaustion occurring at an advanced age. Where exceptions to this general inference were met with, it was found that either the symptoms immediately preceding death were of a grave character, or that the morbid appearances found in the membranes indicated chronic inflammatory action.

Dr. S. has also taken the specific gravity of the gray and white matter of the cerebellum in 27 cases. The number of observations is too few to warrant more than a presumption that the specific gravity of the cerebellum is higher than that of the cerebrum. The difference is much more apparent when, instead of comparing averages, the specific gravity of the cerebellum is compared with that of the cerebrum to which it belonged.

Dr. Skae has not been able, as yet, to obtain a sufficient number of data to enable him to compare the specific gravity of the cerebellum of the sane with those he has made. In a series of five cases, of males dying without cerebral symptoms, the average specific gravity of the gray substance of the cerebellum was 1042, that of the cerebrum being 1041. In the cases of the insane examined by Dr. Skae, the average was 1040 for the cerebellum, and 1035 only for the cerebrum, showing a much greater increase in the ratio in the insane than in the sane, although the absolute specific gravity was less in these particular cases.

"The *white* substance of the cerebellum in the five cases referred to, had an average specific gravity of 1.0433, while that of the cerebrum was 1.0430. In the cases examined in the asylum, the average specific gravity of the white substance of the cerebellum was 1.044, while that of the white substance of the cerebrum in the sane cases was 1.039 only—thus showing a small increase in the absolute specific gravity of the white substance of the cerebellum on the insane in the cases compared, and a very considerable increase in the relative specific gravity to that of the cerebrum in the case of the insane.

"From these data, although limited, I infer that the specific gravity of the cerebellum is increased in insanity, and attains a greater increase in relation to that of the cerebrum than it does in persons dying sane.

"In comparing the specific gravity in the different forms of mental disease, and taking the average of all the cases of each kind, I find the lowest specific gravity of the gray matter to occur in cases of dementia, where, however, it is still 0.003 above the average in the sane. The next highest specific gravity occurs in cases of melancholia and monomania, the next in general paralysis, the next in mania, and the highest in epilepsy.

"Of the *white* substance, the lowest average of specific gravity occurred in cases of mania (1040), the next in dementia (1041), the next highest in general paralysis, the next in monomania (1044), and the highest also in epilepsy, being 1.0458.

"The results of the preceding observations are curious and interesting. They are inferences certainly from a comparatively limited number of data, but they are, I think, sufficient to prove that more extended observations of a similar kind may probably lead to some satisfactory and important deductions regarding the pathology of insanity, and the functions of the brain."

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19. *Etiology of Cholera.*—The following extract of a letter from Prof. LIEBIG to Prof. Hoffmann, gives an account of some interesting results which have been obtained by Prof. THIERSCH and PETTENKOFER during the late severe epidemic of cholera at Munich.

"Dr. Pettenkofer, who was commissioned by the Bavarian Government to make the inquiry, arrived at the following conclusions:—

1. A basin-like conformation of the ground (*muldenartiges Terrain*) generally favours the occurrence and fatal issue of cholera. Those houses especially which occupy the lowest site in towns, and in which the privies and cesspools are so constructed that the liquids they contain do not pass from the house, but enter it, are the most liable to the disease.

2. A loose soil under the houses, capable of absorbing the liquids, augments the tendency of a district to the miasm, of which a substratum of rocky stones renders it much less susceptible.

3. A certain degree of moisture of the soil also increases the susceptibility.

4. The products of decomposition of human and animal excrements contained in the soil, appear to be the elements that determine the soil's capability for absorbing the miasm.

5. In towns, the inhabited declivities or hollows, the soil of which presents this absorptive character, are always more liable to cholera than the more elevated sites in their neighbourhood, independent of their absolute elevation above the level of the water of the sea.

6. The same conditions prevail in privies and sinks, especially when provided with wooden pipes and pans, as in soil impregnated with putrefying excrements.

7. In towns, those districts which have no privies, but only night-stools, are more obnoxious to cholera; and here, again, those houses especially which have common cesspools in the yard, provided only with a slight fall, or with a fall inclining towards the houses.

8. The excrements of cholera patients, when in a state of decomposition, become fertile sources for the propagation of the disease in families.

The observations of Dr. Thiersch have remarkably confirmed the facts elicited by Dr. Pettenkofer. Dr. Thiersch found that cholera patients, the corpses of persons recently dead of cholera, and the matters evacuated by vomiting and diarrhœa, do not propagate the disease; they are not contagious. If the matters evacuated by stool are left to themselves, at a temperature of from 5° to 10° Centigrade (41° to 50° Fahr.), from three to seven days a change takes place; they undergo a process of fermentation; they are then capable of exciting cholera in healthy individuals. The period within which cholera evacuations can produce this effect, does not last longer than eight days. If recent cholera evacuations are mixed with the food of mice, in small quantities, no effect is produced in the animal. After being left to themselves for from three to seven days, the evacuations pass into a state of fermentation, which may be recognized by their converting amygdalin into the well-known products of its decomposition, a property not possessed by the fresh evacuations. If the matter in this condition be added to the food, the animals which have eaten of it sicken in from four to seven days, and die within thirty-six or forty-eight hours of their being seized. The disease commences with diarrhœa, and the dead body shows all the phenomena observed in human corpses that have died of cholera.

The facts ascertained by Dr. Pettenkofer and the investigations of Dr. Thiersch, mutually explain, and are supplementary to, each other. The poison of cholera is developed in the excremental liquids after they have left the body. It is thus that privies, sewers, and all places in which they become mixed with animal matters, become real sources of cholera poison.

The well-known preventives of fermentation and putrefaction remove the cause of the propagation of cholera. Chloride of lime, sulphuric acid, tar-water, &c., at once present themselves to the physician as disinfectants. It is the duty of the medical man, in promoting the interests of science and humanity, to employ these remedies, and to determine the extent of their power.

In the prison of Kaisheim (in Bavaria), the cholera was introduced by an individual who died there; and the early employment of disinfectants was the cause of the disease being limited to this case, and of but one of the other 500 or 600 prisoners, although in a dangerous locality, having been attacked. On the other hand, in Ebrach (in Bavaria), when, from ignorance, this precaution was not at once adopted, 15 per cent. of the 350 prisoners died.

The discoveries of Dr. Thiersch throw much light upon the nature of contagious poisons. The blood-producing substances, in the condition of their normal metamorphoses, are essential to nutrition and health. The same substances and their products, in a state of abnormal decomposition, give rise in the healthy organism to disease and death."—*Med. Times and Gaz.* Nov. 18, 1854.

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20. *Presence of Fat in the Feces, and certain Alterations of the Blood Corpuscles in Cholera.*—Dr. W. L. Lindsay has published (*Monthly Journ. Med. Sci.* Aug. 1854) four cases of cholera, in all of which fatty or oily matters existed to a notable extent in some of the fluid feces of the fever stage and convalescence; and in one there existed a morbid structural alteration of the blood corpuscles. These cases occurred in the Surgeon's Square Cholera Hospital of Edinburgh, while Dr. L. was resident physician thereof.

In these four cases, fatty matters were found in the feces on seven different occasions. In five of these they occurred in a solid form, resembling pieces of tallow or suet; in two as a fluid oil. It is noteworthy that three of the patients were members of the same family. "I have frequently," says Dr. L., "found a greasy scum to collect on the surface of the collapse, as well as the fever and reaction, stools, on allowing these to stand for various periods. Under the microscope, this usually consists of oil globules, entangling a few prismatic phosphates. It often happens, moreover, where no appreciable scum or sediment exists, that the microscope points out the presence of abundance of minute oil globules. In the *vomit* of cholera, fatty bodies of various forms and oil globules are very common, evidently, however, having their origin from the food; and in the *urine* occasionally, and the *bile* very frequently, I have met with considerable quantities of oil globules. In several cases the hepatic epithelium has been loaded with oleo-albuminous granules; in a less proportion of cases the renal, and in a still smaller number the epithelium of various parts of the respiratory and digestive systems, has been rendered dark and granular from infiltration by the same material. Of the cause or source of the presence of these oily matters in the feces, I shall not here speak; but it is right to mention that, in most, if not all, of these cases, castor oil had been administered, one or more days previously, to obviate a tendency to constipation. That this substance, however, is not its true source is probable, because—

"1. The fatty or oily matter did not appear in the *first* stools produced by the action of the drug.

"2. The phenomenon occurred sometimes two or three days after the drug was administered, several stools devoid of any fatty intermixture having been passed in the interval.

"3. It did not occur in many other patients, who laboured under precisely similar symptoms, and to whom castor-oil was given.

"4. It was exhibited in three members of the same family.

"5. It is improbable that castor-oil could be the origin of fatty matters having such opposite characters, viz: hard concrete fat, soft yellow fat, and liquid oil.

'In Case I. it will be observed that the blood disks are noted to have been remarkably altered in appearance. I have met with a similar appearance, and with other changes of the blood in other cases of cholera. In one instance, the white corpuscles were present in marked excess, the red being normal in appearance; in some cases the red corpuscles seemed to have a strong tendency to adhere in rouleaux, in others the very reverse obtained; frequently they became hazy or granular.

"Without at present making any comments, I would merely call attention, *en passant*, to the following points, which the foregoing cases also serve to illustrate:—

"1. Albuminosity is not a distinctive feature of the *collapse* evacuations, as it occurs frequently also in the reaction and fever stools. I have found it occasionally in healthy feces, and in the stools of typhus, phthisis, dysentery, &c.

"2. Non-correspondence, in date or degree, of the comatose tendency of the 'consecutive' fever with the suppression or re-establishment of the urinary secretion.

"3. The distinctive histological and chemical features of the collapse, reaction and fever stools, vomit, and urine.

"4. The following pathological phenomena in Case I.

a. Distension of the gall-bladder, and comparatively *healthy* condition of the bile. Presence of a *gall-stone*.

b. Thickening, softening, and exuviation of the mucous membrane of the large intestines.

c. The marked difference in the histological character of the *post-mortem* contents of the intestines and the stools passed during life.

"5. The presence of the so-called 'annular' bodies, vibrios, &c. is merely accidental and immaterial, so far as regards the causation of the disease.

"6. The occurrence of the so-called 'cholera-exanthem' in Cases II. and III.

"7. Insufficient police and parochial sanitary regulations a fertile predisposing cause of cholera, &c."

21. *Absorption of Medicines in Cholera.* By M. AUGUSTE-PHILIBERT DUCHAUSSOY.—There is scarcely a practitioner in medicine, familiarized with the practice of cholera, who is not convinced that the functions of absorption are disturbed during the period of cyanosis and of algidity. Every one must have had experimental proof of the fact in seeing the patients upon whom he had expended certain active substances, alcohol, for example, remain for some time insensible, and begin to complain of the effects for the first time upon the establishment of reaction. Theory may, without great risk, be brought forward to explain these facts. The great condition of absorption is the existence of a circulating current. Beneath this condition must be placed: 1st, a certain degree of fluidity of the blood, which keeps free the calibers of the smaller vessels; 2d, the integrity of the nerves, capable of influencing the capillary circulation. In algid cholera, the circulation is singularly embarrassed, the blood is viscid, the nerves respond imperfectly to electrical excitement, and the stagnation of the blood in the capillaries is evident. The effect of such conditions upon the function of absorption is already well known, but we do not hesitate to say that no person has submitted the important question ever before

to regular experimentation. The merit is due to M. Duchaussoy and M. Vernois, his *chef de service.*

The plan of M. Duchaussoy is as follows. He selects a certain number of active substances, the physiological effects of which are well known—sulphate of quinia, iodide of potassium, mercurials, belladonna, sulphate of strychnine. When any doubt exists respecting the substances, he submits them to a special experiment. Then he applies these same substances in contact with absorbing surfaces in patients arrived at different periods of cholera; and he establishes the fact, that the physiological effects are null during the algid period, and that they become apparent for the first time during the commencement of reaction. The following is the *resumé* of his experiments.

Sulphate of Quinine.—The thesis contains two observations. In the first, relative to algid cholera, three lavements, containing each a scruple of sulphate of quinine, were retained several hours. The same was the case with a scruple of this substance taken by the mouth. Nevertheless the patient did not experience headache, ringing of the ears, deafness, disturbances of vision, nor disorders of the intelligence. In the second, nearly similar doses remained in the digestive tract with the same result. But, from the moment of reaction, the physiological effect began to be pronounced.

Iodide of Potassium.—Habitually, iodide of potassium in large doses determines heat of skin, headache, a sort of intoxication, lancing pains in the eyes and temples, pricking of the throat and nostrils, and divers cutaneous eruptions. In consequence of the salivary glands possessing the power of eliminating this substance, their secretion rapidly acquires a saline taste. This character, studied by M. Bernard, is very valuable. M. Vernois prescribed iodide of potassium to five patients suffering from cholera. It is stated in the thesis, that, in three cases, no signs of absorption were manifested. In one case, the patient took, by mouth and by anus, 280 grains of the ioduret in six days; the particulars of the other are not given. In the remaining two of the five cases, some phenomena, which might be attributed to the medicine, were remarked. One patient, a pregnant woman, took 160 grains in four days, a part subsequent to the reappearance of the pulse. On the day when she took her last dose she was delivered of a dead infant, and the day following was attacked by urticaria. The other patient took 100 grains of the iodide in one day. There was no appreciable physiological effect, but it was found after death that the salivary glands and the pancreas contained a little iodine, as was ascertained by chemical tests.

Mercurials.—The author gives but one observation, in which, six grains of calomel having been given to a patient with cholera, and retained, the evacuations which followed during four and twenty hours were noticed at first to be white, then black, and not green, as is usually the case after the administration of this medicine.

Belladonna.—Belladonna administered to several subjects by the digestive tract, and by the skin, introduced twice into the subcutaneous areolar tissue by a recent wound, ejected once into the bladder, and once into the cephalic vein. The observations may be given in the following *resumé:*—

1. Cholera cyanica with asphyxia. Six grains of extract of belladonna by the mouth during the period of asphyxia, eleven hours before death; no result.
2. Cholera cyanica with asphyxia. Eight grains of extract of belladonna taken into the stomach in sixteen hours. No signs of absorption; death.
3. Cholera cyanica with asphyxia. Eight grains of extract of belladonna introduced into the stomach, and retained for seven hours. No dilatation of the pupils. At the autopsy, there was found in the stomach the mucus, covered by little dark marks made by the belladonna.
4. Cholera algida cyanica with asphyxia. Twenty-two grains of extract of belladonna in the stomach and rectum in about thirty hours. No dilatation of the pupils. Frictions in the axilla, with the pommade of belladonna five hours before death; no effect.
5. Very intense cholera in a pregnant woman. Frictions in the axilla, with the pommade of belladonna. Ten grains of calomel taken by the mouth during the algid stage; no signs of absorption. The next day (there had been cya-

nosis, but no algidity; the pulse was perceptible) the application of belladonna on the eyelids produced slow and incomplete dilatation. Many days afterwards the same application caused rapid dilatation. The same results were noticed upon the introduction of belladonna into a recent wound (Case 10). The injection of two grains of the extract into the cephalic vein produced complete dilatation of the pupils in three minutes.

Sulphate of Strychnine.—This substance appears of all others most refractory to absorption; and has failed, contrary to the assertions of some authors, to influence the beatings of the heart. The conclusions drawn from these experiments are absolute. Patients suffering from algid cholera have lost the faculty of absorbing. If in any case absorption is not positively null, it is at least so feeble that no dependence could be placed on it for a therapeutic result. Then, medicines accumulated in the digestive canal may become positively injurious when reaction is established, and absorption again goes on.

The immediate effects produced by the injection of belladonna into a vein may direct the attention of practitioners to this method of administering medicine.—*Med. Times and Gazette*, October 14, from *Gazette Hebdomadaire*, Sept. 8, 1854.

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22. *Nature and Causes of Green Vomiting.* By Dr. FRAZER, of Dublin.—The ejection of green-coloured fluids from the stomach is noticed in the course of many abdominal diseases; thus, we meet it during attacks of peritonitis, puerperal fevers, and continued fevers with gastric complications, in strangulation, in intussusception of the bowels, in that rare affection, acute gastritis, and in various enteric inflammations. Its appearance has been attributed by many to the presence of bile in the secretions evacuated during protracted vomiting, and we often find it described as consisting of *green bilious matter*. For various reasons, this explanation did not appear at all satisfactory to me.

I consider this green matter is composed of the blood in an altered and modified condition, the discharge being altogether of a hemorrhagic character. Repeated microscopic observations, in those instances in which I have noticed its occurrence for some time past, has confirmed my ideas regarding its nature, and examination shows that the little fragments of which it consists are various sized clots, containing abundance of blood-globules; this alone might decide the inquiry; however, I am desirous of placing it on other grounds, in addition to such as are afforded by the microscope. I may, therefore, bring forward the following arguments, which further support the view I have taken. 1st. The form of vomiting alluded to occurs in diseases where there is much congestion, and often inflammatory engorgement of the vessels of the stomach or intestines, as in gastritis, and fevers with gastric complications; and after death we find patches of softening in the mucous membrane, or decided marks of excessive vascularity; at least such has been the case in those fatal instances where I have had the opportunity of inspecting the stomach. 2dly. The coincidence of vomiting of ordinary blood, in addition to the green matter, which sometimes occurs (as was noticed, for example, in the case of the woman with enlarged spleen, already alluded to); besides, I have remarked that, in many cases of fever which were attended with this peculiar green discharge, hemorrhagic purpuric eruptions were frequently seen. 3dly. We have the physical properties of this substance; it forms small green clots in the fluid, in addition to tinging it with its peculiar hue, as we might expect blood to do. 4thly. We must consider that a similar green colour occurs in various parts of the body, and under very dissimilar circumstances. This is, perhaps, the most interesting branch of our subject, and one on which medical records afford little information; as instances of this change, we have, among other examples, the peculiar green hue of contusions that are of some standing, and the green colour of the ecchymoses that occur on the extremities in land scurvy, many cases of which were noticed in the hospitals, in the late years of famine. The colour of the great intestine in various cases of fatal dysentery, and of the mucous tissue of the stomach in inflammatory gastric affections. The grass-green appearance of the interior of the bladder, and of the kidneys, after death, in many acute or sub-acute diseases. The well-known greenish tinge often seen in moist gangrenous affections. The colour of the body, as it begins to decay after death. The green hue of coagulable lymph, and of purulent exudations in bad constitutions, and many other similar facts in pathology that might be enumerated, which are as yet unexplained.

If we reject all extraneous considerations from the foregoing class of morbid changes, we have, I conceive, one uniform fact in them all, namely, the presence of blood undergoing some of its mysterious changes; what these are will require additional investigation; but I think we may conclude that the death of the blood is essential—that having lost that vital attraction for oxygen which distinguishes it, and acted on by extraneous sources (probably deoxidizing ones during decay), it becomes changed in its hue.

With regard to its practical bearings, there is much importance in the view now brought forward; it cannot be regarded as a mere theoretic matter, and, therefore, of secondary value, for those green discharges being recognized as hemorrhagic, will go far to account for the collapse, cold extremities, failing circulation, and other alarming symptoms that attend its presence when ejected in any quantity; and with reference to *treatment*, which is the ultimate aim of medical knowledge, we have a rational explanation of the benefit that creasote, ice, and other well-known styptics exert in checking it.—*Dublin Hospital Gaz.* Oct. 15, 1854.

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23. *Treatment of Certain Forms of Constipation.*—Mr. Baly read before the North London Medical Society, Oct. 25th, 1854, a communication on this subject. A young lady came under his care in the autumn of 1853, anæmic, and of feeble constitution; had been troubled with habitual constipation from childhood; from the age of fifteen had constantly had recourse to large doses of aloetic aperients; and for many years had not had an action of the bowels without their aid. Latterly, she had frequently used injections; but these now fail frequently, and at the present time she generally obtains relief, every three or four days, by a dose of blue-pill and colocynth at night, followed by an enema in the morning; the latter frequently requires to be repeated. She complains of great debility; inability to make exertion, mental or bodily; temper irritable; spirits depressed; pulse feeble; catamenia regular, but pale; frequently suffers from cold extremities; appetite small. When the bowels have not acted for three or four days, she suffers from a sense of fulness and distension of the abdomen; she frequently, after an evacuation, suffers for some hours from severe prostration. In this case, Mr. Baly revived the treatment proposed by Dr. Strong in 1842, it being evident that the continued employment of any form of aperient would be hurtful. Having, as a preliminary measure, cleared out the bowels with a dose of blue-pill and colocynth, followed by an enema, he ordered sulphate of zinc, five grains; bread-crumb, sufficient for a pill, to be taken three times a day, immediately after each meal. This was continued for ten days, without causing sickness, and with decided relief to the abdominal distension; the appetite improved; the listlessness decreased. No evacuation of the bowels occurred from the second day till the tenth, when the following was administered: Calomel, four grains; compound colocynth pill, six grains; make a pill, to be taken at bed-time, followed by a black draught in the morning. On the day following this, the bowels acted spontaneously; and from that time until now, nearly twelve months, have been relieved daily without aperients or enemata. The use of the sulphate of zinc was continued for three weeks, and then gradually exchanged for sulphate of quinia. A curious fact deserved notice in this case. For some time after the discontinuance of enemata, the patient was not sensible of the action of the rectum during the passage of feces. Other cases were cited in support of this treatment, the use of which Mr. Baly limited to cases dependent upon want of tone.—*Lancet*, Nov. 4, 1854.

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24. *Treatment of Diarrhœa in Phthisis.*—Among the out-patients attending at the City Hospital for chest diseases, cases of diarrhœa have been unusually frequent during the last two months, in consequence, no doubt, of the epidemic influence now prevailing. Those occurring to the subjects of phthisical disease

have, in many instances, been more difficult to control than usual. The cases not being of the acute or choleraic type, the sulphuric acid treatment has been tried in but few instances. The remedy chiefly relied upon has been opium, exhibited in one or other of the following forms: In mild cases of relaxed bowels, attended with much irritability of the stomach, the diarrhœa being liable to be set up again by every slight dietetic cause—℞. Bism. trisnitr. gr. x, mucilaginis ʒij, vini opii ♏x, acid. hydrocy. dil. ♏ij, aq. pur. ℥j. Ft. haust. ter die sumend. This mixture, continued for a week or two, has often sufficed to relieve the condition alluded to, and to enable the stomach to tolerate, not only ordinary plain food, but even the cod-liver oil. In more severe, suddenly occurring cases—℞. Pulv. kino co. gr. x, o. n. vel. o. n. et m. sum. Patients liable to attacks of sudden and severe diarrhœa have been directed to keep these powders on hand, and take them at once on a reappearance of the symptom. In many cases of the latter class, Dr. Peacock prefers to the kino a pill containing the acetate of lead and opium (gr. ii and gr. ss), given either every night or twice in the day, as circumstances indicate. The employment of the emulsion of mutton suet and milk in cases of irritable bowels is a very favourite practice at this hospital, and, in the milder class, frequently suffices, without resort to other remedies. The patient is directed to procure fresh mutton suet, cut it very fine, tie it loosely in a coarse muslin bag, and let it gently simmer in milk for a few minutes, after which a quantity of the best cinnamon is to be grated in. The quantity taken may depend upon the patient's palate, and it is generally well relished. The cinnamon probably exerts, as an astringent, an important influence, and should never be omitted.—*Med. Times and Gaz.* Sept. 9, 1854.

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25. *Treatment of Albuminuria after Scarlatina.*—Formerly it was customary to treat this and all other dropsical affections with diuretics. Prof. MAUTHNER, however, in the dropsy which occurs after scarlatina, and is accompanied by bloody and albuminous urine, sedulously avoids whatever might overstimulate the kidneys, as likely to cause an acute renal inflammation, or an attack of Bright's disease. He has seen many cases where the swelling increased daily in spite of the administration of squills, digitalis, bitart. potassæ, &c., in which a cure was effected by a simple regulation of the diet. In such cases he advises the exclusive administration of milk, and rice and milk, or at most of decoct. althææ, or of decoct. lini sem. By the exclusive use of milk diet, he has seen the action of the kidneys so regulated, that a copious secretion of urine, free from albumen, was established, by means of which the dropsical condition was removed. When the administration of milk fails to effect a cure, he endeavours, by means of alkaline agents, to alter the condition of the urine; and, for this purpose, he prefers using the alkali of the urine itself. He accordingly administers *urea* in small doses (either in the form of pure urea, or of the nitrate of urea), giving generally the third of a grain for a dose, in combination with a little powdered sugar. After six or eight grs. of the urea had thus been taken, he has frequently seen profuse diuresis occurring. followed by the speedy disappearance of the dropsical affection.—*Monthly Journ. Med. Sci.* Oct. 1854, from *Journ. für Kinderkrankheiten*, 1854, Heft i. and ii.

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26. *Treatment of Itch by Frictions with common Vinegar.*—Dr. LE CŒUR, Prof. in the Preparatory School of Medicine at Caen, states (*Union Médicale*) that he has successfully treated two cases of itch by this means. He uses a rather coarse sponge dipped in strong vinegar, with which the affected parts are three times a day rubbed with sufficient force to penetrate the skin and rupture the vesicles. The mean period of treatment has been five days.

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27. *Belladonna in Profuse Salivation.*—A woman who had been treated profusely with mercury for the cure of enteritis, had violent salivation from the use of the drug. Extract of belladonna was ordered by ESPENBECK, in doses of 2½ grains in an emulsion; and the following day the salivation was found to be completely arrested, and the mouth dry. When the administration of the belladonna was suspended, the ptyalism returned; and again it disappeared when

the use of the drug was resumed. Espenbeck has employed it successfully as a prophylactic against salivation.—*Hannover Corresp. Blatt.* June, 1853.

28. *Cubebs in Infantile Eneuresis.*—Dr. **Deiters** has found cubebs more effectual than any other remedy in curing the incontinence of urine so common among children. This complaint may depend upon atony of the bladder, or on the presence of intestinal worms. In the former case, the cubebs act as a tonic, in the latter, as a valuable anthelmintic. The medicine requires to be given in considerable doses; two pinches (*i.e.* a few grains or *Zwei Messerspitzvoll*) for infants, and half a teaspoonful twice or thrice daily for children of a somewhat more advanced age. Its effect is speedy and permanent; and although occasionally it happens that during its administration the incontinence returns at periodical or irregular intervals, these recurrences gradually become less frequent, and eventually disappear altogether. To effect a radical cure, the author has often found it necessary to continue its use for a period of from three to eight weeks, and he has never observed any injurious effects from its administration.

Deiters observes that he has found the same remedy most efficacious in checking nocturnal emissions in cases of spermatorrhœa.—*Monthly Journ. Med. Sci.* Oct. 1854, from *Preuss Verein Zeitung*, No. 16, 1853.

29. *Birch-Oil in Eczema.*—**Blazius** has been in the habit, for upwards of fifteen years, of using *Oleum Rusci*, the empyreumatic oil of the common birch (*Betula Alba*), with great success for the treatment of eczema. The affected parts are well smeared with the oil every day, and then enveloped in linen cloths; after this has been done for a few days, they are well cleansed with soap and water, and then the application of the oil is recommenced. This treatment is continued until not only the formation of vesicles and secretion of fluid are arrested, but until the skin resumes its normal whiteness, smoothness, and softness. Blasius does not recommend the application of the oil so long as the eczema continues to be *acute*, and attended with inflammation; and when, in *chronic* cases, it occasions pain, burning, and itch, attended by swelling and redness of the parts, he discontinues its use for a few days, until these troublesome symptoms have quite subsided. This oil is called "Dagged" in Russia and Poland.—*Monthly Journ. Med. Sci.* Oct. 1854, from *Deutsche Klinik*, No. 29, 1853.

30. *Extractum Sanguini Bovini.*—This remedy is beginning to be much used by German physicians. It is prepared by Mauthner's process by straining the blood of the ox through a fine sieve, and drying and powdering the residue. Of this, Dr. Höring gives from ten to thirty grains in the twenty-four hours, according to the age of the patient. He relates the particulars of three cases in which he administered it; the first, a case of curvature of the lower part of the spinal column, with loss of power of limbs; the second and third, cases of tuberculosis, occurring in a child aged 3, and a man aged 40. The treatment was successful in every case, the curvature being arrested in the first, and the cough and emaciation greatly improved in the second and third.—*Monthly Journ. Med. Sci.* Oct. 1854, from *Wirtemb. Corresp.* Bl. 32, 1853.

31. *Hydrophobia.*—Dr. **Zimmerman** has given (*Casper's Vieteljahrschrift*, Bd. iv. Heft 1) an account of an epidemic hydrophobia which prevailed at Hamburg in 1851 and 1852. Dr. Z. knew of thirty people bit by mad dogs, not one of whom became hydrophobic—not from treatment preserving them, for only a few were treated, and they only with the usual external appliances—and he and his friends heard of many more who had likewise been bitten without any bad consequences, and without employing any, even the simplest, preventive measures. In fact, during the whole course of the epidemic, the only man who became *hydrophobic*, and died from it, was bitten by a dog *not mad*. The dog was killed, and examined by Veterinary Surgeon Schräder, who had made 120 dissections of dogs during the epidemic, and who distinctly asserted there was little or nothing wrong with any organ in the body, and certainly not

a trace of the appearances proper to *rabies canina.* Zimmerman says, that in all known cases the disease found its origin only in the bite of a dog already mad, and that other animals, as horses, so bitten, likewise became mad. The last opinion seems to require confirmation; the former is not borne out by his facts of fifteen dogs bitten by a known mad one, two only became mad; two ran away, eleven remained healthy.—*Monthly Journ. Med. Sci.* Oct. 1854.

32. *Cutaneous Anæsthesia in Lunatics.*—A lunatic received a severe injury of the great toe by the fall of a heavy piece of wood, so that the nail was torn away. Dr. **Snell**, on examining the patient, remarked that he seemed scarcely to feel this injury, ordinarily so very painful. On examining the case more minutely, he found that this lunatic had completely lost cutaneous sensibility. This circumstance led him to examine all the lunatics in his establishment, and he found that out of 180 insane persons (100 males and 80 females), 18 (17 males and 1 female) had complete anæsthesia of the skin; and that in 6 others, who were males, the sensibility to pain was very much decreased.—*Monthly Journ. Med. Sci.* Oct. 1854, from *Zeitschrift für Psychiatrie*, x. 2.

33. *Lumbrici in the Left Pleura.*—Lumbrici have been found in many parts of the abdomen, and even free in the peritoneal sac; but Professor **Luschka** communicates an extraordinary case, in which, through the intermediate process of a retro-peritoneal abscess, four lumbrici were found encysted in the left pleura.

A man, æt. 23, who two years before had had slight peritonitis, suffered, in 1852, from return of this complaint, with especial pain in the left lumbar region; death ensued, with typhoid symptoms. In the left pleura, between the lower lobe of the lung, the thoracic wall, and the diaphragm, there was a sac formed of pseudo membrane, in which six lumbrici and a large quantity of brown fluid were contained. An opening in the diaphragm led into a cavity formed by adhesions between the upper end of the descending colon, the left kidney, and the diaphragm, and in which some lumbrici were also contained; this cavity, or abscess, communicated with the descending colon by three contiguous openings, situated on a level with the under part of the spleen. In the colon there were also lumbrici.—*Brit. and For. Med.-Chirurg. Rev.* from *Archiv. für Pathol. Anat.* bd. vi. heft 3.

SURGICAL PATHOLOGY AND THERAPEUTICS, AND OPERATIVE SURGERY.

34. *Curability of Cancer, and its Diagnosis by Means of the Microscope.*—At a meeting of the Academy of Medicine, held on the 26th September, M. **Jobert** presented a report on a case of sarcocele in a young infant, in which M. Pamard, of Avignon, operated, and *cured* the little patient. The alleged *cure* in this case gave rise to an interesting discussion, which is not yet concluded, on the curability of cancer, and its diagnosis by means of the microscope.

M. **Robert** doubted if encephaloid cancers were ever cured. The little patient had, doubtless, recovered from the disease, but it was not exempt from its recurrence.

M. **Velpeau** moved that the question of cancer should be brought before the Academy at an early meeting. All surgeons were not of M. Robert's opinion as to the incurability of cancer. He expressed doubts as to the value of the microscope in the diagnosis of cancer, and undertook to prove its fallibility in the diagnosis and prognosis of cancerous tumours.

October 3d.—On the President announcing that this was the day appointed for the discussion of cancer, much amusement was created by M. Velpeau declining to speak before M. Robert, and M. Robert refusing to speak before M. Velpeau.

M. **Leblanc** opened the debate on the curability or incurability of cancer, by